

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022377

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 80

Primary Registration District No. 5306

Registrar's No. 11

FILED JUN 28 1962

1. PLACE OF DEATH

a. COUNTY

Cole

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Centertown, Mo

Length of stay in 1b

31 Yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

At Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cole

c. CITY

OR TOWN Centertown, Mo

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

Gen Del

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Herbert

Middle

Last

Elliot

4. DATE OF DEATH

Month

Day

Year

June

22

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/23/1894

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Prison Guard

10b. KIND OF BUSINESS OR INDUSTRY

Mo Stat Prison

11. BIRTHPLACE (City and state or country)

Marion, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Marion Elliot

13b. MOTHER'S MAIDEN NAME

Medorah Taggart

14. NAME OF HUSBAND OR WIFE

Beatrice Elliot

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Beatrice Elliot-Centertown, Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Shot Left chest 410 Shotgun

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shot Left chest 410 Shotgun

20c. TIME OF
INJURYHour Month, Day, Year
H/6 6 22 6220d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Centertown

COUNTY

Cole

STATE

Mo

21. I attended the deceased from _____ to _____ and last saw him alive on _____
Death occurred at 4/15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Deputy coroner Jefferson City Missouri

22b. ADDRESS

Rural-Centertown, Mo

22c. DATE SIGNED

6/23/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6/24/62

23c. NAME OF CEMETERY OR CREMATORY

New Hope Cemetery

23d. LOCATION (City, town, or county)

Rural-Centertown, Mo

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bowlin Funeral Home-California, Mo

25. DATE RECD. BY LOCAL REG.

June 24

26. REGISTRAR'S SIGNATURE

Minnie Hittman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

2961 8 2 NMF SA
JUN 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Bowls
Licensed Embalmer No. 5150

P. O. Address California, mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.